

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S.F.		10-17-01
O.I.P.E. CLASSIFIER			10/30/01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	E.H.	715	11-14-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	0
6	✓
7	✓
8	0
9	✓
10	0
11	✓
12	✓
13	✓
14	✓
15	0
16	✓
17	✓
18	0
19	✓
20	0
21	✓
22	✓
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25	0
26	✓
27	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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